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## Senate Office of Oversight and Outcomes Examines IHSS in First Report

(SACRAMENTO) – The Senate Office of Oversight and Outcomes today released its first report since being formed by the Senate Rules Committee at the recommendation of Senate President pro Tem Darrell Steinberg (D-Sacramento).

The report, which focuses on California's In-Home Supportive Services (IHSS) program, outlines the challenges of validating the delivery of services that the program promises and also makes recommendations to improve the collection of data detailing the hours that caregivers work.

California's IHSS program aims to help people avoid costly nursing homes by delivering the domestic and personal care they need to stay safely and comfortably at home. IHSS serves 440,000 people at an annual state general fund cost of nearly \$2 billion.

To view the report in its entirety, <u>click here</u>:

"Californians deserve to know whether the programs created by their representatives work or not," Steinberg said. "There is no question that IHSS is a vital and necessary program for hundreds of thousands of Californians and those who perform the services, in my opinion, do God's work – the question is whether we can make the program more efficient when we examine its inner workings."

The Senate Human Services Committee will meet on March, 24 to discuss quality assurances and other aspects of IHSS.

The report, entitled: "Examining the Impact of SB 1104: The 2004 Quality Assurance Initiative," made the following findings:

- While the use of worker task guidelines required by SB 1104 did not result in savings that the
  administration thought it would, the standardization of assessments has been seen as helpful in
  fostering uniformity.
- The California Department of Social Services has not developed comprehensive or measurable ways to validate the delivery of services in the IHSS program. The program operates essentially on an

"honor system," which presumes that a recipient's signature on a worker's time card is sufficient verification of services.

- Twice each month, more than 400,000 paper timecards are submitted by IHSS workers and manually entered into a database by county employees. The timecards list only the hours worked and have no information regarding tasks performed or other details of service. The report suggests policymakers consider (1) requiring timecards to include more details about the hours worked and tasks performed; and (2) using automation to streamline the paper-based system and improve accountability.
- The program is consumer driven, so consumers are not required to inform providers of the specific tasks which have been authorized. Nor are consumers and providers required to enter into job agreements outlining authorized tasks. The report suggests that policymakers weigh the pros and cons of job agreements and of monitoring them in contrast with the current control exercised by consumers.
- SB 1104 dictated that counties refer fraud cases to the Department of Health Care Services. The report found that actual practice is inconsistent with the statute. Some counties investigate IHSS fraud themselves and others do not refer any cases to state investigators. The administration does not routinely collect data on the number and disposition of IHSS fraud cases statewide.
- The administration was required by SB 1104 to conduct annual "error-rate" studies to estimate the
  extent of overpayments and fraud in the IHSS system. These studies were to be used to prioritize
  quality improvement efforts. The report found that the administration completed two studies in five
  years.